



# HAINES BOROUGH

PO BOX 1209

HAINES, AK 99827-1209

Phone 907-766-6400, Fax 907-766-2716

## DIRECT DEPOSIT AUTHORIZATION FORM

\_\_\_\_\_  
Employee Name

Effective Date \_\_\_\_\_

\_\_\_ Initial Enrollment

\_\_\_ Cancellation

\_\_\_ Change Account #

I authorize and request the Haines Borough to direct deposit the net amount of my payroll funds to my account as indicated below:

Financial Institution \_\_\_\_\_

Bank Transit Number \_ \_ \_ \_ \_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Cancellation of this authorization can be initiated by any participating party, myself, my financial institution, or the Haines Borough. To be effective, cancellation must be in writing and must be delivered to all parties before the end of the pay period. I also authorize the Haines Borough to make adjustments to the above account to correct any credit entries made in error. I further understand that direct deposit will begin after the above account information has been electronically verified.

Once these monies are delivered according to these instructions, all parties agree that the Haines Borough no longer holds any right or title to or control over the funds deposited.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Signature

\_\_\_\_\_  
Date